EXINGTON-FAYETTE URBAN COUNTY GOVERNMENT POLICEMEN'S AND FIRE FIGHTERS' RETIREMENT FUND SUPPLEMENT QUESTIONAIRE

Name:		
	(Please Print)	
Employee No.:	Social Security No	v.:
As of this date I am: Married	d () Not Married ()
If married, my date of Marria	ige was:	
I have the following depende	ents (including spouse, if m	narried):
(Name)	(Relationship)	(Date of Birth)
(Name)	(Relationship)	(Date of Birth)
(Name)	(Relationship)	(Date of Birth)
(Name)	(Relationship)	(Date of Birth)
(Name)	(Relationship)	(Date of Birth)
I swear (or affirm) that the in and in this supplement ques no false representations in o	tionnaire is true and accura	ate and that I have made
Dated at Lexington, Kentuck	xy, this day of	, 20
Applicant's signature and ra	nk	
Address		
City	Zip Code	
Telephone:		